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CONFIRMATION NO. 6493

<b>SERIAL NUMBER</b> 10/788,619	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> P04,0039	
<b>APPLICANTS</b> Markus Goldstein, Wurzberg, GERMANY; Norbert Strobel, Palo Alto, CA;					
<b>** CONTINUING DATA *****</b> E.Y.					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 09 165.3 02/28/2003 E.Y.					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/20/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>E.Y.</u> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26574					
<b>TITLE</b> Medical system architecture for interactive transfer and progressive representation of compressed image data					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		